



United States Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460

UIC Federal Reporting System
Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

Form Approved

OMB No. 2040-0042

Approval expires

I. Reporting Period

From

To

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement								VII. Date Compliance Achieved	
			Date of Violation	Mark ('X') Violation Type							Date of Enforcement	Mark ('X') Enforcement Type								
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)		Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form	Typed or Printed Name and Title	Date	Telephone No.
-------------------------------------	---------------------------------	------	---------------